

BUTLER COUNTY DEPARTMENT OF HUMAN SERVICES
100 North Fair Avenue, Hamilton, Ohio 45011 * 159 City Centre Mall, Middletown, Ohio 45042

REQUEST FOR LEAVE

Name (Print) King BRENDA Date 4-23-90
LAST FIRST

I REQUEST LEAVE BEGINNING 1:00 ON 4-23-90 ENDING 4:00 ON 4-23-90
Time Date Time Date

☒ MEDICAL ☐ DENTAL ☐ OPTICAL KENNETH WALKER
Doctor

1:00pm - 2:30 BRENDA King SELF
Appt. Time and Length Person Relationship

CHECK ONE: Appt. ☒ could not be ☐ chose not to be scheduled outside work hours.

OUTPATIENT SURGERY INPATIENT HOSPITALIZATION; verification required

☒ PERSONAL ILLNESS OR INJURY PAID IN BACK ANKLE - MUST HAVE PERMISSION
Nature of illness or injury to WEAR SHOES.

SERIOUS ILLNESS OF IMMEDIATE FAMILY MEMBER
Person Relationship

Nature of illness or injury

FUNERAL LEAVE
Name Relationship Date of Death

VACATION PERSONAL DAY COMP TIME LEAVE WITHOUT PAY

Brenda B King
Signature of Employee

PHYSICIAN'S STATEMENT:

I certify the use of sick leave described above was necessary.

Kenneth R Walker DPM 15 Southmoon circle 4-23-90
Signature of Doctor Address Date

ADMIN. ACTION: Recommended Not Recommended Approved Disapproved

Supervisor Administrator Director

Reason Not Recommended:

Disciplinary Action Taken:

PLAINTIFF'S
EXHIBITS



KETTERING PODIATRY ASSOCIATES

LASER SURGERY

DISEASES AND SURGERY OF THE FOOT

15 SOUTHMOOR CIRCLE N.E.

KETTERING, OHIO 45429

Telephone (513) 293-6896

April 23, 1990

RE: Brenda King

Mrs. King's foot type does not allow her to wear dress shoes for any length of time, therefore, please allow her to wear comfortable shoes while working.

Sincerely

A handwritten signature in cursive script, appearing to read 'K Walker'.

Kenneth Walker, D.P.M.

Brenda goes back to the doctors in 2 weeks.
She will get a statement at
that time stating the medical
condition.

Betty
4-24-90

RECEIVED BY PERSONNEL

APR 24 1990

B.C.D.H.S.

RECEIVED BY PERSONNEL

APR 24 1990

B.C.D.H.S.

RECEIVED BY PERSONNEL

APR 24 1990

B.C.D.H.S.

PLAINTIFF'S
EXHIBITS

3-41

BUTLER COUNTY DEPARTMENT OF HUMAN SERVICES
Fair Avenue, Hamilton, Ohio 45011 * 159 City Centre Mall, Middletown, Ohio 45042

REQUEST FOR LEAVE

cc: B. King
L. Duff
R. Chafin, R. Ka
on

Name (Print) King BRENDA Date 4-23-90
LAST FIRST

I REQUEST LEAVE BEGINNING 1:00 ON 4-23-90 ENDING 4:00 ON 4-23-90
Time Date Time Date

☒ MEDICAL ☐ DENTAL ☐ OPTICAL KENNETH WALKER
Doctor

1:00 pm - 2:30 BRENDA King SELF
Appt. Time and Length Person Relationship

CHECK ONE: Appt. ☒ could not be ☐ chose not to be scheduled outside work hours.

OUTPATIENT SURGERY _____ INPATIENT HOSPITALIZATION; verification required

☒ PERSONAL ILLNESS OR INJURY pain in back ANKLE - must have permission
Nature of illness or injury to wear shoe

SERIOUS ILLNESS OF IMMEDIATE FAMILY MEMBER _____
Person Relationship

Nature of illness or injury

FUNERAL LEAVE _____
Name Relationship Date of Death

VACATION _____ PERSONAL DAY _____ COMP TIME _____ LEAVE WITHOUT PAY _____

Brenda B King
Signature of Employee

PHYSICIAN'S STATEMENT:

I certify the use of sick leave described above was necessary.

Kenneth R Walker DPM 15 Southmoon circle 4-23-90
Signature of Doctor Address Date

ADMIN. ACTION: ☒ Recommended ☐ Not Recommended _____ Approved _____ Disapproved _____

Linda Duff _____
Supervisor Administrator Director

Reason Not Recommended: _____

Disciplinary Action Taken: _____

PLAINTIFF'S
EXHIBITS



KETTERING PODIATRY ASSOCIATES

LASER SURGERY

DISEASES AND SURGERY OF THE FOOT

15 SOUTHMOOR CIRCLE N.E.

KETTERING, OHIO 45429

Telephone (513) 293-6896

Re: Brenda King

To whom it may concern,

Ms. King presents to our office on 4-23-90 with an appointment with Dr. Kenneth Walker.

Her chief complaint was pain while wearing a certain type of shoe. Her diagnosis are as follows;

1. Achilles Tendonitis bilateral
2. Pes Planus Valus bilateral
3. Tarsal Coalition

If you have any questions, please contact our office at 293-6896.

Kenneth Walker D.P.M.

RECEIVED BY PERSONNEL

MAY 8 1991

B.C.D.H.S.

RECEIVED BY PERSONNEL

MAY 11 1991

PLAINTIFF'S
EXHIBITS

B.C.D.H.S.

3-43

Butler County Department of Human Services

DEPARTMENTAL CORRESPONDENCE

BDHS-211

June 5, 1990.

DATE

SUBJECT

Annual Evaluation

TO

Brenda King

FROM

Linda Duff

Attached is your annual evaluation. Please sign and return to Personnel by 4:00 P.M. on 6-6-90.

Should you wish to discuss your evaluation, please contact me in Middletown on ext. 8658 and I will schedule a time to meet with you.

Thank You.

*received June 5, 1990
at 3:45 pm.*

PLAINTIFF'S
EXHIBITS

3-44

EMPLOYEE: KING, Brenda K.

DEPARTMENT: Communications

SUPERVISOR: Linda Duff

ADMINISTRATOR: Randy Chafin

EVALUATION PERIOD: Annual (6/6/90)

Attendance:	Regular	X	Irregular	(Days Missed)	112.50
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Punctuality:	X Regular	Irregular	(Days Late	0

OVERALL RATING: Satisfactory _____ Unsatisfactory ✓

Director's Signature William A. Starnes

Performance Evaluation

- | 1 - Excellent | 2 - Above Average | 3 - Average | 4 - Below Average | 5 - Unsatisfactory | NA - Not Applicable |
|--|-------------------|-------------|-------------------|--|---------------------|
| 1. Personality is suitable for the job | | | 3 | 11. Has healthy attitude toward agency | 3 |
| 2. Effective in preparing and organizing work | | | 3 | 12. Is cooperative in working relationships with others | 3 |
| 3. Demonstrates ability to make decisions | | | 3 | 13. Quantity of work | 4 |
| 4. Takes initiative, self starter | | | 3 | 14. Effectiveness in oral communication | 3 |
| 5. Demonstrates willingness to accept responsibility | | | 4 | 15. Effectiveness in written communication | 3 |
| 6. Demonstrates ability to reason | | | 3 | 16. Receptivity to supervision | 4 |
| 7. Demonstrates original and creative thinking | | | 3 | 17. Demonstrates ability to adjust to change, to be flexible | 4 |
| 8. Demonstrates accuracy, thoroughness, & neatness | | | 2 | 18. Demonstrates ability to work under pressure | 3 |
| 9. Demonstrates diligence and perseverance | | | 3 | 19. Adheres to agency policies | 3 |
| 10. Demonstrates ability to learn | | | 3 | | |

Comments on performance, traits, specific incidents that would illustrate above appraisal: PLEASE SEE ATTACHED

Signatures: _____
 Supervisor: _____
 Date: 11/19/90
 Administrator: P. Callahan
 Date: 6/5/90

Director's Comments: *See memo 2/15/2011. I must not say all things are good. I must be realistic.*

[illegible]

Employee's Comments: 0 referred letter 1/20/00 delivered

Employee's Signature: *Donna Adams*

Date: *1-16-90*

Your signature indicates acknowledgement but not necessarily agreement

NOTE: If employee had more than one supervisor during this evaluation period, a performance evaluation should be completed by each supervisor.

PLAINTIFFS
EXHIBITS
3-45

Brenda King

Annual Evaluation
May 30, 1990

During this evaluation period, your overall job performance has been satisfactory, however, improvement needs to be shown in each of the four areas receiving a below average rating. These areas are listed below.

Rating #5 - Demonstrates willingness to accept responsibility.

You have demonstrated, on several occasions, a reluctance to perform job duties clearly assigned to you in your position description.

Rating #13 - Quantity of work.

Although the agency purchased a copier which produces 150 copies per minute, it still takes you an unnecessarily long time to produce printed copies. A review of printing requisitions received from 1/90 through 4/90 shows you are printing 944 copies per hour based upon a four month average when the machine will print 9,000 copies per hour.

It is necessary that you make a concentrated effort in limiting your telephone usage to your lunch and break periods. This is within the framework of agency expectations and will aid you in increased job productivity.

Additionally, I've observed that it takes you approximately 1½ hours or more to copy verifications for intake, while others who do the job in your absence can complete the work in approximately 1 hour or less. Unless there are extenuating circumstances, it should take an hour or less to complete this task.

During the next evaluation period, I am requesting that you give more attention to prioritizing and organizing your work which should increase the quantity of work produced by you.

I shall be available to assist you in the how to(s) of prioritizing and organizing your work to improve efficiency and productivity.

Rating #16 - Receptivity to supervision.

Frequently during this evaluation period, you have questioned the authority vested in me as a supervisor to assign work and to evaluate your job performance. While it is appropriate to ask questions or seek clarification to obtain information needed to complete an assigned task, it is not appropriate to challenge every single directive issued by asking who drafted the policy, do they agree, etc.

There has been some improvement in this area, however, additional improvement is needed to receive a satisfactory rating.

Rating #17 - Demonstrates ability to adjust to change, to be flexible.

In your job, as is true with most positions here, flexibility is needed. Program rules, agency policies and procedures, and personnel

PLAINTIFF'S
EXHIBITS

3-46

- 2 -

policies and procedures frequently change, thus we must, on a fairly regular basis, adjust to these changes.

During this evaluation period, you have experienced difficulty in this area. As an example of this, you demonstrated opposition when the shredding machine was placed in the mailroom.

I am pleased with the accuracy, thoroughness, and neatness of your work which continues to be above-average. With improvement in prioritizing and organizing your job tasks, I believe you will begin to see marked improvement in the quantity of work produced.

LD/ds

PLAINTIFF'S
EXHIBITS

3-47

April
Printed

Coverage

90	3,600	(Grenda worked 4 hrs)	1 hr	15 min
1-90	4,000		3	15
5-90	200		2	30
6-90	6,000		2	30
7-90	1,900	(Unit Meeting 1 Hr)	3	30
8-90	2,500		2	30
1-90	450		2	30
2-90	2,500		2	30
3-90	8,000		2	30
4-90	3,200		2	30
5-90	3,200		2	30
7-90	2,000		2	30
8-90	—		3	45
3-90	10,500	(Grenda Worked 4 hrs)	1	15
4-90	2,425		2	30
5-90	125	(Grenda Worked 5 hrs)	1	45
6-90	<u>6,000</u>		<u>2</u>	<u>45</u>
	56,600	124	42	50

699/Copies
Per Hour

124
- 43
= 81

Coverage
Hrs F/Printing

BLAINTIFF'S
EXHIBITS

3-48

Machine Will Produce
A good Copies Per Hour

PrintedCoverage

1-90	7,275	1 hr	
2-90	7,100	2	
5-90	5,260	2	30 mins
6-90	7,200	2	30 mins
7-90	6,580	2	30 mins
8-90	3,300	2	30
9-90	6,400	2	30
12-90	3,800	2	30
13-90	3,100	2	30
14-90	6,100	2	30
15-90	5,750		15
16-90	7,280	2	30
26-90	600 (Brenda Worked 6 1/2 hrs)	3	15
27-90	2,300	2	30
28-90	1,300 (Brenda Worked 4 hrs)	1	15
30-90	4,800	2	30
29-90	2,000	2	30
	<u>90,145</u>	<u>37</u>	<u>3 1/4</u>

$130 \frac{1}{2}$ hrs worked
 $- 37 \frac{3}{4}$
92 3/4

971 Copies
 Per Hour

PLAINTIFF'S
 EXHIBITS

3-49

Average # Copies Per Hour For Month of:

Jan 1084

Feb 1020

Mar 971

April 699

$3,774 \div 4 \text{ mos} = 944 \text{ Copies/Hr On 4 Month Ave}$

Total # Copies For:

Jan 102,200

Feb 104,520

Mar 90,145

Apr 56,600

Total $353,465 \div 6,000 = 58.91 \text{ Hrs} = 7 \text{ days}$

Machine will Produce

9,000 Copies Per

Hour - 8 am

- Using

↓

Total # Work Days For

Jan 16

Feb 17

Mar 17

Apr 19

Total 69 days

Total # Hours Available For Printing:

Jan $94 \frac{1}{4}$

Feb $102 \frac{1}{2}$

Mar $92 \frac{3}{4}$

Apr. 81

Total $370 \frac{1}{2} \div 8 \text{ hr}$
 $\Rightarrow = 46 \frac{3}{4} \text{ days}$

It took Brenda $46 \frac{3}{4}$ Printing Days to produce what the Machine Can Produce In 7 days 3 Hrs - or Less.

PLAINTIFF'S
EXHIBITS

	Jan	Coverage
1-2-90	5,550	2 hrs 15 min
1-3-90	1,500	2 15
1-8-90	5,250	2
1-9-90	6,100	2
1-10-90	6,200	2
1-11-90	5,500	2
1-12-90	Machine Down	Excluded
1-16-90	500 Machine Down	F/Down Time
1-17-90	3,450	2 15
1-18-90	6,300	2
1-19-90	10,100	2
1-22-90	10,300	2 30
1-23-90	6,400	2
1-24-90	5,750	2 15
1-25-90	9,450	2
1-26-90	5,750	2 15
1-30-90	10,400	2
1-31-90	4,200	2
	102,200	128 hrs worked
		33 3/4 hours

1084 / Copies
Per Hour

- 33 3/4 Coverage
94 1/4 Hrs. F/Printing

PLAINTIFF'S
EXHIBITS

3-51

Free
Printed

Coverage

1-1-90	11,550	2 hrs	
2-90	8,250	2	
5-90	10,800	2	30 min
6-90	850	1	
7-90	5,300	2	30
8-90	3,200	1	30
9-90	3,600	2	30
12-90	4,000	2	30
13-90	3,620	2	30
14-90	3,975	2	45
15-90	5,500	2	30
16-90	550	2	30
20-90	7,700		15
21-90	6,900	2	
22-90	6,500	2	
23-90	6,500	2	
26-90	7,600	2	30
27-90	2,600	2	
28-90	5,525	2	
	104,520		

12-4
(Brenda worked 4 hrs)
worked 6
(Brenda 2 hrs complete)

142 hrs
- 39 1/2 hrs Coverage
102 1/2 hrs F/Printing

1020 Copies
Per Hour

PLAINTIFF'S
EXHIBITS

3-52

POSITION DESCRIPTION

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES

PERSONNEL DIVISION

AGENCY

Butler County Dept. Human Services

DIVISION OR INSTITUTION

UNIT OR OFFICE

Do not write in shaded area

☐ State Agency

☒ County Agency

☐ New Position

☒ Change

COUNTY OF EMPLOYMENT
Butler

USUAL WORKING TITLE OF POSITION

Purchasing Assistant 1

POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR

11000.0 Business Admin 3

NORMAL WORKING HOURS (Explain unusual or rotating shift.)

FROM:

TO: 8 hours varied

JOB DESCRIPTION AND WORKER CHARACTERISTICS

%

Job Duties in order of importance

Minimum Accessible Characteristics

55%

Under the direction of the office operations manager have responsibility of the agency supply room: Maintain perpetual inventory cards of all office supply items showing quantities-in, quantities-out and quantities-on-hand. Check in all orders comparing the packing slip with the invoice to verify proper order and amount received. Note any discrepancies and/or back orders. Receive requests for supply items from Department and supervisors and fill said requests from stock room inventory or send requisition to the County supplier as required. If item is not included in the supplies catalog forward request to the office operations manager who has procurement responsibilities. Also maintain a perpetual inventory of janitorial supplies. Maintain a perpetual inventory of office equipment and machinery by recording each new purchase in the equipment ledger. Record each item by its inventory control number, serial or model number, date of purchase and purchase price. Also make an entry in the ledger for equipment movement between offices. Have responsibility for placing the inventory control number tag on each piece of new equipment. Remove from the perpetual inventory record any item of equipment that is being scrapped and enter the date and sale price of equipment sold at a public auction. Be responsible for taking the annual physical inventory of equipment and machinery and reconcile any differences with the entries in the equipment ledger.

3, 13a, 30f, 30c, 31c, 32f, 32i, 32j, 33b, 34c

45%

Starting at 5:30 a.m., with the assistance of CWP assignees, cleans the restrooms, employee lounge and conference rooms; empty receptacles, fill all dispensers, disinfect toilet bowls, clean wash bowls and mirrors, mop floors, clean partitions and fixtures. Also clean public Food Stamp area daily and the Food Stamp sales office including cashier windows at least twice a week. Mop floors and shake and clean mats. Pick up paper and trash in parking lot. Sweep the lots periodically. Pull weeds, rake grass, sweep sidewalks and in winter, shovel snow from walks. Assist in moving office furniture and equipment as required. Change light bulbs

9a, 30 d, 30a, 32c, 32e, 34c, 35c (100 lbs)

PLAINTIFF'S EXHIBITS

3-63

List Position Numbers and Class Titles of positions supervised. If more than eight, list totals only.

SIGNATURE OF AGENCY REPRESENTATIVE

DATE

Kianne Rice

12-16-87

POSITION DESCRIPTION

OHIO DEPARTMENT OF
ADMINISTRATIVE SERVICES

PERSONNEL DIVISION

AGENCY

Butler County Dept. Human Services

DIVISION OR INSTITUTION

UNIT OR OFFICE

Do not write in shaded area

☐ State Agency☒ County Agency☐ New Position☒ Change

COUNTY OF EMPLOYMENT

Butler

USUAL WORKING TITLE OF POSITION
Purchasing Assistant 1

POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR

11000.0 Business Admin 3

NORMAL WORKING HOURS (Explain unusual or rotating shift.)
FROM: TO: 8 hours varied

JOB DESCRIPTION AND WORKER CHARACTERISTICS

%

Job Duties in order of importance

Minimum Acceptable Characteristics

and replace fuses, also replace furnace filters. Perform other janitorial and maintenance duties as assigned. When necessary, work a split shift to fill in for the other custodian in the Hamilton office and the custodial worker in the Middletown office during vacations, illnesses, etc.

PLAINTIFF'S
EXHIBITS

3-64

List Position Numbers and Class Titles of positions supervised.
If more than eight, list totals only.

SIGNATURE OF AGENCY REPRESENTATIVE

DATE

Deanne Rice

12-16-87



County Commissioners:
Courtney E. Combs
Charles R. Furmon
Michael A. Fox

County Administrator:
Derek Conklin

Director:
Bruce Jewett

Telephone:
(513) 887-4000

Fax:
(513) 887-4334

BUTLER COUNTY DEPARTMENT OF HUMAN SERVICES

159 City Centre Mall Middletown, OH 45042

Telephone: (513) 425-8625

Fax: (513) 425-8777

FAX TRANSMISSION COVER SHEET

Date: 3-30-00
To: HEATH MACALPINE/BETTY PROCTOR, PERSONNEL
Fax #: 513-887-4194
Tele. #:
Re: NON-DISCRIMINATION, SUPERVISORY INTIMIDATION & DISCIPLINE FOR JUST CAUSE
Sender: BRENDA HURSTON

YOU SHOULD RECEIVE 3 PAGE(S)
INCLUDING THIS COVER SHEET. IF YOU
DO NOT RECEIVE ALL THE PAGES, PLEASE CALL
(513) 425-8696

Mr. MacAlpine, on 2-16-00 you stated that something much deeper is going on between Linda Day and myself. You advised that Linda and I get a box of kleenexs and talk things out. On 2-25-00 and 3-3-00, Linda Day requested a meeting with me. I asked Bob Bullock to sit in on both meetings. As a result, the meetings were one-sided and the situation became worse. Attached are two-pages letter, please put a copy in my personnel file.

A:\faxmidd.wpd

PLAINTIFF'S
EXHIBITS

17-10

FROM: Brenda Hurston

TO: Whom It May Concern

DATE: March 28, 2000

SUBJECT: Non-Discrimination, Supervisory Intimidation & Discipline for Just Cause

I (Brenda Hurston) am aware that Linda Day is my Unit Supervisor and I understand that it is her responsibility to assure that I carry out my work assignment in a professional manner. I am also aware that my Unit Supervisor, Linda Day should not discriminate in a way inconsistent with the laws of the United States or the State of Ohio on the basis of race, sex, creed, color, religion, age, national origin, political affiliation, disability, sexual orientation, or veteran status. Upon myself returning back to work from disability, my employer agreed to also undertake reasonable accommodation to fulfill or ensure compliance with the Americans with Disabilities Act of 1990 (ADA) and corresponding provisions of Chapter 4112 of the Ohio Revised Code. Prior to establishing reasonable accommodation which adversely affects rights established under this Agreement, the employer should discuss the matter with me. I also understand that no employee should be discriminated against, intimidated, restrained, harassed or coerced in the exercise of rights and nor shall reassignment be made for these purposes.

I understand also, that Linda Day has the power to hire, fire, and promote within her unit. I have not given her any reasons to dismiss or just cause reasons for disciplinary actions against me. If anything, I try my best to demonstrate and give her reasons to promote me, because I am honest, loyal, dependable and punctual (even though requested work don't get turned in at the appropriate time). Once upon a time, even Linda Day stated that I was her right-hand woman. With all due respect, I carry out all of my assigned work assignments in a cordial, dignify, intelligent, as well as professional manner and Linda Day has not inform me that I have done nothing less. I follow all of the policies and procedures willingly.

It is a fact that Linda Day abuse her power by constantly trying to intimidate, discriminate, and harass me. She constantly creates a hostile working environment For examples:

In a rude and hostile voice tone, she gave me a direct order to do something that she had already done. I told her that I would comply with her order, next time because she had just done it. She then became argumentive toward me, and accused me of being disrespectful to her. I knew I wasn't being disrespectful to her, and it did not matter, when I told her that this wasn't so. So I dismissed myself from this negative situation.

In the same day, Linda told me that she was going to reassign my desk to an isolated, and cold area. This would cause me discomfort and inconvenience.

- a. isolated - no one will be able to hear what she say to me.
- b. cold - desk is by back door, people are constantly coming in, which causes a cold draft.
- c. inconvenience - people are always knocking to get in the back door. I would be constantly getting up to open the back door which would be a hardship on my feet.

***See Attachment - See E Mail

PLAINTIFF'S
EXHIBITS

17-11

Brenda Hurston

March 28, 2000

Page two

Ms. Day also shows preferential treatment, by requesting that I and ONLY I keep a telephone log of all of my calls. She did this without giving me due process of a policy which states that all employee, including her, should log all of their telephone calls, or verifying any violations on my behalf, to justify this change.

The core of mines and Ms. Day problems is that she wants me to respect her, but she doesn't feel that it is necessary for her to respect me. I am requesting that my supervisor provide me a workplace free of hostility and that she approach me in the same manner that I approach her with, which is respect, dignity and equality.

PLAINTIFF'S
EXHIBITS

17-12

P. 01

TRANSACTION REPORT

MAR-30-2000 THU 10:53 PM

DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
MAR-30	10:51 PM	1754194	1'58"	3	SEND	OK	955	

TOTAL : 1M 58S PAGES: 3

BUTLER COUNTY DEPARTMENT OF HUMAN SERVICES

159 City Centre Mall Middletown, OH 45042

Telephone: (513) 425-8625

Fax: (513) 425-8777

FAX TRANSMISSION COVER SHEET



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To: KEATH MACALPINE/BETTY PROCTOR, PERSONNEL

Fax #: 513-887-4194

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Sender: BRENDA HURSTON

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! PLAINTIFF'S
EXHIBITS

17-13

PUBLIC EMPLOYEES RETIREMENT SYSTEM OF OHIO

277 East Town Street Columbus, Ohio 43215-4642

APPLICATION FOR A DISABILITY BENEFIT

Name Hurston Brenda K. [REDACTED] 3403
 Last First Middle Social Security Number
 Mailing Address 1812 Grand Avenue 59
Middletown Ohio 45044 F 513-420-9692
 City State Zip Sex Phone Number

This form must be completed by the member making the Application.

Disability benefits are available only if a member is mentally or physically incapacitated for the performance of duty by a disabling condition either permanent or presumed to be permanent. If the Application is approved, benefits are effective the first of the month following the later of: (1) the last day for which compensation was paid or (2) the attainment of eligibility.

Provide complete and accurate information so the Retirement System may properly evaluate this Application. **Attach a copy of your birth certificate unless one is already on file with PERS.**

Section I Employment

1. State your first date of public employment Approximately February 1, 1988 ^{Temporary position}
 (Month/Date/Year)
2. The last date for which you were paid as a public employee was will be February 27, 2001
 (Circle one) (Month/Date/Year)
3. I believe I am incapacitated for my duties because (describe nature of disability) PLEASE
SEE diagnosis and prognosis statements of
"Report of Attending Physician". DJD
4. Have you had any of your salary tax-deferred in any type of deferred annuity or deferred compensation in the last 5 years? Yes ☐ or No ☒ (This question must be answered for PERS to process your Application.)

Section II Service

1. Do you receive or have you received payments under Ohio's Workers' Compensation while a PERS member? Yes ☒ or No ☐ If Yes, provide claim number(s) PEL 215653

2. Have you served on active military duty? Yes ☐ or No ☒ If Yes, provide dates of service ☐ If you wish to purchase this service and have not yet done so, also provide a copy of your discharge Form DD214.

3. Are you or have you been a member of any of the following retirement systems?

- | | | |
|--|------------------------------|--|
| a. Ohio Police and Fire Pension Fund (OP&F) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. State Highway Patrol Retirement System (HPRS) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Cincinnati Retirement System (CRS) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. State Teachers Retirement System of Ohio (STRS) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. School Employees Retirement System of Ohio (SERS) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section III Health Care Coverage

Health care coverage is provided to qualified benefit recipients who also may elect coverage for a spouse and dependent child(ren); there is a premium charge for dependent coverage. The effective date of coverage is the first of the month following the Retirement Board's approval of your Application.

Complete the following information:

1. Are you now eligible for Medicare A hospital insurance? Yes ☐ or No ☒

2. Do you receive a benefit from any of the following (mark all which apply): No

- ☐ Public Employees Retirement System (PERS)
☐ Ohio Police and Fire Pension Fund (OP&F)
☐ Highway Patrol Retirement System (HPRS)
☐ State Teachers Retirement System (STRS)
☐ School Employees Retirement System (SERS)

3. Do you wish PERS coverage for your spouse? Yes ☐ or No ☒

Spouse's name NONE

Spouse's date of birth

--	--	--	--	--	--	--	--

Spouse's Social Security Number

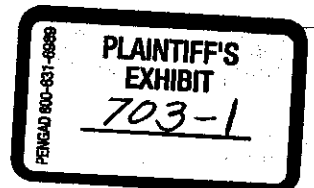
Is your spouse now eligible for Medicare A hospital insurance? Yes ☐ or No ☐

Is your spouse now eligible for Medicare B medical insurance? Yes ☐ or No ☐

Is your spouse receiving a monthly benefit from (mark all which apply):

☐ PERS, ☐ STRS, ☐ SERS, ☐ OP&F, ☐ HPRS,

Please turn over



4. Do you wish PERS coverage for your eligible child(ren)? Yes _____ or No ✓

If Yes, the number of children to be covered is _____.

Child's Name	Birth Date	Relationship	Attending school	Incapacitated
_____	_____	_____	Yes ___ No ___	Yes ___ No ___
_____	_____	_____	Yes ___ No ___	Yes ___ No ___
_____	_____	_____	Yes ___ No ___	Yes ___ No ___
_____	_____	_____	Yes ___ No ___	Yes ___ No ___

Children are eligible for coverage up to the age of 22 as long as the child is unmarried, financially dependent, and regularly attending school. An incapacitated child (mentally or physically incompetent) may be covered after age 22 if the incapacity occurred before the limiting age.

5. To replace the PERS health care plan, you may be eligible for one of the health maintenance organizations (HMOs) offered by PERS. If we find you live in one of the HMO areas and you are interested in more information about an HMO plan, check the box. ☐

6. At the first eligibility date, PERS benefit recipients with PERS health care coverage are required to obtain Medicare B medical insurance. A qualified recipient may receive reimbursement for the basic premium cost of Medicare B coverage as long as enrollment continues and reimbursement is not received from another source. To receive payment for the basic premium cost, you must provide PERS with a photocopy of your Medicare health insurance card or Social Security letter of eligibility.

I do or will receive reimbursement for Medicare B medical insurance premiums from a source other than PERS. Yes ___ or No ✓. If you marked "No" and at a later date you do receive a Medicare B premium reimbursement from another source, you must notify PERS immediately. If at any time you are no longer covered under Medicare B medical coverage, you must notify PERS immediately.

Section IV Beneficiary

A disability benefit recipient is not required to designate a beneficiary who may be eligible for PERS benefits at the death of the recipient. If you are survived by eligible children, only monthly benefits can be paid. An eligible child is any unmarried, natural or legally adopted child under age 18 (or 22 if a qualified student attending an accredited school) or, regardless of age, if adjudged physically or mentally incompetent.

If you have previously made a specific designation of beneficiary, this designation will still be in effect if none of the following has occurred: your marriage, divorce, dissolution of marriage, legal separation, or the birth or adoption of a child.

If no beneficiary is designated, at your death any amount due is payable to your first qualifying beneficiary in the following order: 1) surviving spouse, 2) children, 3) parents, or 4) estate. If you are satisfied with this order, you do not need to do anything. If you would like to make a specific designation or change a previous designation, special forms will be sent to you if you mark this box. ☐

Section V Affidavit

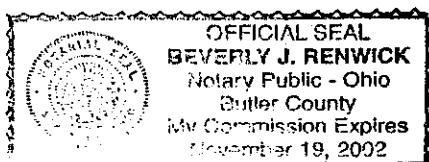
State of Ohio County of Butler

Being duly sworn the undersigned says that the statements made in this Application are true and accurate to the best of my knowledge and belief.

Bronda K. Hurston
Signature

Sworn to and subscribed in my presence this 31st day of May, 2001.

[Signature]
Notary Public



3403

Social Security Number

Employer Code Number

PUBLIC EMPLOYEES RETIREMENT SYSTEM OF OHIO
277 East Town Street Columbus, Ohio 43215-4642

REPORT OF ATTENDING PHYSICIAN

Name of Applicant Hurston Brenda K 59
Last First Middle Date of Birth
Address 1812 Grand Avenue F
City State Zip
Middletown Ohio 45044

My attending physician is

Leonard B. Jones, D.P.M. M.D.
Street Address
5131 Beacon Hill Rd., Suite 3100
Columbus, Ohio 43228
City State Zip

I authorize the above-named physician to make a report on my medical condition to the Public Employees Retirement Board.

Brenda K. Hurston
Signature

The subjective and objective symptoms of which said employee complains are as follows:

Painful, Swollen, Left Foot
* Patient is Status Post Bunionectomy & hemi Implant
L/F; Excision Neuroma 3rd, L/F; Resection Metatarsal
Cuneiform Exostosis, Left Foot; Condylectomy 3rd & 4th
Metatarsal Heads L/F; Resection Intermediate
Dorsal Cutaneous Nerve Left Foot.

Diagnosis: (Please include any test results which enabled you to make this diagnosis, ie: X-rays, MRI readings, etc.)

735.0 Bunion Left Foot
355.6 Neuroma 3rd Left
726.91 Exostosis, Left Foot
* 715.37 DJD Left Foot

Status
Post

DP-LAT-MO X-Rays Confirm DX.

Onset date of primary disabling condition 7-15-97 9-3-92
Date medical condition(s) became permanently disabling 05-17-01
Date from which patient has been under my medical treatment: 09-03-1992

(Over)

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9-23-92 Resection Talar Exostosis L/F
Resection M-C Exostosis L/F
7-14-93 Resection Bone Spur Base 5th met. L/F
2-17-97 Bunionectomy & MO-I Screws x2 L/F
Excision Neuroma 3rd L/F
Resection M-C L/F
Condylectomy L-5 L/F
Prognosis: Resection Metatarsal Cuneiform Exostosis L/F

Talar Spur, R/F Post. H.S. R/F
Resection Met. Cuneiform R/L
Neurectomy R/F

2-28-01
Bunionectomy & Hemi Implant L/F
Excision Neuroma 3rd L/F
Resection Metatarsal Cuneiform L/F
Condylectomy 3rd & 4th Metatarsal
Heads L/F
Resection Intermediate Dorsal
Cutaneous Nerve L/F

Guarded

General Remarks: (As a part of your general remarks, please indicate when the applicant may return to duty and under what, if any, restrictions.)

Patient UNABLE TO WORK
Degenerative Joint DISEASE, L/F

In my opinion, by reason of the above described condition, M Brenda K. Hurston 704-2

(is) (is not) physically (or mentally) incapacitated permanently for the performance of duty and ought to receive a disability benefit because of such permanent disability.

Date at MARCH 17, 2001
JUNE 1, 2001

X [Signature] JPM-MED
5131 Beacon Hill Rd. Suite 360
Columbus, OH 43008
City State Zip

APPLICATION FOR A DISABILITY BENEFIT
REPORT BY EMPLOYER

Name of Employee Brenda K. Hurston

[REDACTED] [REDACTED] 3 4 0 3
Social Security Number

Address 1812 Grand Avenue

Street

Middletown, Ohio 45044

City

State

Zip

Date of Birth [REDACTED] 59

Sex F

This form must be completed by the applicant's department head and payroll officer.

Disability benefits are available only if a member is mentally or physically incapacitated for the performance of duty by a disabling condition either permanent or presumed to be permanent.

Provide complete and accurate information to the best of your knowledge so the Retirement System may properly evaluate the member's application. If more space is needed, attach additional pages.

Section I Certification by Department Head

In addition to the following information, you also must submit a written job description for the applicant.

1. Applicant's job title and duties: Office Machine Operator 2; see attached position

description.

2. Who initiated the application for a disability benefit?

Employee X or Employer _____

3. Answer this question only if the member is a law enforcement officer. Is the disabling condition the result of an on-duty injury or illness (injury or illness that occurred during or resulted from performance of duties under the direct supervision of a member's appointing authority)? Yes _____ or No _____ If Yes, explain _____

4. Do you believe the applicant is permanently incapacitated for the performance of his/her duties? Yes _____ or No X *

If Yes, state the basis of your opinion. _____

* Medical information provided only indicates surgery for a foot problem. Employer has seen no evidence supporting a claim of permanent incapacitation to perform duties

6/25/01

Date

Margie Laust
Human Resources Director

Signature

Title

PLAINTIFF'S
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SEE REVERSE SIDE FOR CERTIFICATION BY FISCAL OFFICER

732-6

This is to certify that Brenda K. Hurston
(Employee's Name)
 was (is) an employee of Butler County Work Place
(Circle one) (Employer)
Department of Job & Family Services
(Department)

Check (and complete if applicable) only one of the following:

☒ The final day for which this employee was will be compensated: 4/13/01

☐ The final date of compensation is not known, therefore I certify that the final date of compensation will be within 90 days of receipt of this form.

Linda Luther
Signature of Fiscal Officer Reporting to PERS
Fiscal Services
Department

B.co. Payroll Deputy
Title
(513) 887-3129
(Area Code) Telephone Number

Complete the following only if complete, correct information is available.

We request the final three pay periods be certified by the payroll officer. Retirement deductions certified must be exact; estimated figures are not acceptable and may result in a recalculation of the pension amount. Any changes regarding final deductions or termination date must be forwarded to the PERS office at the earliest possible date.

Payment of accrued, but unused sick leave, personal leave, or vacation time resulting in a lump-sum payment is considered terminal compensation and retirement deductions are not to be withheld.

The final three pay periods to be submitted to PERS for the above named member are:

PAY-BEGIN DATE	PAY-END DATE	PERS RETIREMENT DEDUCTION
<u>3/12/01</u>	<u>3/23/01</u>	<u>25.02</u>
<u>3/24/01</u>	<u>4/6/01</u>	<u>80.85</u>
<u>4/7/01</u>	<u>4/20/01</u>	<u>32.34</u>
		<u>143.19</u>

If a retirement deduction is larger or smaller than usual, please provide an explanation.

**POSITION
DESCRIPTION**OHIO DEPARTMENT OF
ADMINISTRATIVE SERVICES
PERSONNEL DIVISIONAgency Butler County Job & Family Services
Division or Institution Administration
Unit or Office☐ State Agency ☒ County Agency ☐ New Position ☒ Change County of Employment Butler

Usual Working Title of Position Office Machine Operator Position No. and Title of Immediate Super. 12100.0 Office Manager

Normal Working Hours FROM: TO: (Explain Unusual or Rotating Shift) 8 hrs. varied

Class Number 12422 Class Title Office Machine Operator Office Machine Operator 2 Position Control Number 12106.0

JOB DESCRIPTION AND WORKER CHARACTERISTICS

% Job Duties in Order of Importance Minimum Acceptable Characteristics

- | | | |
|-----|--|--|
| 70% | Handles most of the Department's printing needs, reproducing both forms and office memos and reports. This requires operating knowledge of the Roneo duplicating machine. Receives request for printing needs from various units and fills these requests on a timely basis. Be familiar with the different forms used by the Department, keeping a loose-leaf record of numbered BCDJFS forms, and masters. Keeps equipment clean and makes minor adjustments. Order State printed forms. Maintains State forms log and Directory. | Knowledge of (13b) Agency Policies & Procedures, (29) duplicator; Ability to (30c) carry out detailed but basic written or oral instructions, (32f) comprehend short sentences with basic, concrete vocabulary, (32n) screen mail, (33a) arrange items in numerical or alphabetical order, (33b) sort items into categories according to established methods, (34b) work alone on most tasks, (35c) strength to lift up to 50 lbs. |
| 20% | Have responsibility for Middletown supply room; maintain a perpetual inventory of all office supply items showing quantities in, quantities out, and balance on hand. Check in all orders comparing the packing slip with the invoice to verify proper order and amount received. Note any discrepancies and/or back orders. Receive requests for supply items from unit supervisors and fill said requests from stockroom inventory or send requisition to the County supplies as required. If item is not included in the supplies catalog, forward request to the administrator who has procurement responsibilities. Have responsibility for Hamilton janitorial supplies. | Knowledge of (3) Inventory Control, (13a) Office Practices & Procedures; Ability to (30c), (30f) deal with problems involving several variables in familiar context, (31c) comprehend & record figures accurately, (32f), (32i) comprehend simple sentences with common vocabulary, (32j) copy material accurately & recognize grammatical & spelling errors, (33b), (34c) cooperate with co-workers on group projects, (35c) strength to lift up to 50 lbs. |
| 10% | Perform other duties as assigned by administrator. | Knowledge of (13b); Ability to (30d) deal with problems involving few variables in familiar context, (31b) read & record figures accurately, (32f), (32i), (33b). |

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26 FEB '01 7:02

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List Position Numbers and Class Titles of positions directly supervised.

SIGNATURE OF AGENCY REPRESENTATIVE

DATE

2-22-2001